

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: NE
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: NE

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 1,209,385 (30.05%)

B.Children with special health care needs:

\$ 1,208,827 (30.03%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 159,801 (3.97%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 4,024,746

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 2,863,000

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 389,515

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 2,626,360

\$ 3,252,515

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 7,277,261

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 99,954

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 32,904,895

h. AIDS: \$ 0

i. CDC: \$ 9,356,733

j. Education: \$ 0

k. Other: \$ 0

see note \$ 126,694,677

\$

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 169,056,259

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 176,333,520

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main
Field Name: OtherFedFundsOtherFund
Row Name: Other Federal Funds - Other Funds
Column Name:
Year: 2010
Field Note:
Other Funds

TANF- \$62,500
Newborn Hearing Screening -\$168,000
First Time Motherhood-\$500,000
Title X Family Planning - \$2,354,937
State Early Childhood Systems - \$105,000
Health Weights/Behaviors - \$146,000
CSFP - \$856,823
Early Intervention Medicaid in Schools - \$4,016,000
Medicaid Schools Outreach - \$32,795,000
Medicaid Aged & Disabled Waiver -\$42,739,537
SSBG - \$9,946,041
WIC-nutrition services administration - \$9,694,296
WIC-food- \$23,122,172
WIC-breastfeeding - \$88,427
SSDA -- \$99,954

TOTAL \$126,695,677

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NE

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 4,288,566	\$ 4,552,531	\$ 4,167,938	\$ 3,723,310	\$ 4,114,265	\$ 3,442,895
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 2,615,918	\$ 2,454,895	\$ 2,370,000	\$ 2,978,954	\$ 2,632,355	\$ 3,276,104
4. Local MCH Funds (Line4, Form 2)	\$ 940,000	\$ 1,000,778	\$ 765,921	\$ 984,922	\$ 1,047,604	\$ 955,764
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 7,844,484	\$ 8,008,204	\$ 7,303,859	\$ 7,687,186	\$ 7,794,224	\$ 7,674,763
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 76,872,498	\$ 97,764,430	\$ 77,966,300	\$ 0	\$ 97,764,430	\$ 0
9. Total (Line11, Form 2)	\$ 84,716,982	\$ 105,772,634	\$ 85,270,159	\$ 7,687,186	\$ 105,558,654	\$ 7,674,763
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NE

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 4,059,128	\$ 4,158,744	\$ 4,012,760	\$	\$ 4,024,746	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 2,753,355	\$ 2,735,262	\$ 2,761,046	\$	\$ 2,863,000	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 986,075	\$ 946,833	\$ 345,000	\$	\$ 389,515	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
7. Subtotal <i>(Line8, Form 2)</i>	\$ 7,798,558	\$ 7,840,839	\$ 7,118,806	\$ 0	\$ 7,277,261	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 113,020,059	\$ 0	\$ 122,175,824	\$	\$ 169,056,259	\$
9. Total <i>(Line11, Form 2)</i>	\$ 120,818,617	\$ 7,840,839	\$ 129,294,630	\$ 0	\$ 176,333,520	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2007
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 2. Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2007
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 3. Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2007
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 4. Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2007
Field Note:
This is reported as \$0 because the monitoring of expenditures of "Other Federal Funds" is outside of the administration of the Title V / MCH Block Grant. These actual expenditures are the primary responsibility of many other program managers supervised by the MCH Director and CSHCN Director.
- 5. Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2008
Field Note:
This is not reported because the monitoring of expenditures of "Other Federal Funds" is outside of the administration of the Title V/MCH Block Grant. These actual expenditures are the primary responsibility of many other program managers supervised by the MCH Director and CSHCN.
- 6. Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2007
Field Note:
This is reported as \$0 because the monitoring of expenditures of "Other Federal Funds" is outside of the administration of the Title V/MCH Block Grant. These actual expenditures are the primary responsibility of many other program managers supervised by the MCH Director and CSHCN Director

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NE

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,181,633	\$ 1,753,732	\$ 763,249	\$ 1,386,896	\$ 1,370,026	\$ 1,171,745
b. Infants < 1 year old	\$ 681,048	\$ 746,804	\$ 701,477	\$ 649,226	\$ 903,358	\$ 655,830
c. Children 1 to 22 years old	\$ 2,023,093	\$ 1,934,568	\$ 1,960,813	\$ 2,937,918	\$ 1,865,887	\$ 2,558,116
d. Children with Special Healthcare Needs	\$ 3,136,568	\$ 3,072,179	\$ 2,856,600	\$ 2,260,864	\$ 3,046,701	\$ 2,725,616
e. Others	\$ 622,142	\$ 351,583	\$ 821,720	\$ 302,146	\$ 462,920	\$ 424,422
f. Administration	\$ 200,000	\$ 149,338	\$ 200,000	\$ 150,136	\$ 145,332	\$ 139,034
g. SUBTOTAL	\$ 7,844,484	\$ 8,008,204	\$ 7,303,859	\$ 7,687,186	\$ 7,794,224	\$ 7,674,763
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 115,000		\$ 0		\$ 100,000	
c. CISS	\$ 50,000		\$ 0		\$ 218,740	
d. Abstinence Education	\$ 223,418		\$ 218,740		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 22,929,748		\$ 24,315,391		\$ 25,359,978	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 1,774,973		\$ 2,067,000		\$ 2,218,900	
j. Education	\$ 51,779,359		\$ 0		\$ 0	
k. Other						
see field note	\$ 0		\$ 0		\$ 69,866,812	
see field note	\$ 0		\$ 51,365,169		\$ 0	
III. SUBTOTAL	\$ 76,872,498		\$ 77,966,300		\$ 97,764,430	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NE

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,435,191	\$ 1,251,343	\$ 313,019		\$ 577,197	
b. Infants < 1 year old	\$ 801,476	\$ 831,881	\$ 668,929		\$ 663,817	
c. Children 1 to 22 years old	\$ 1,924,718	\$ 2,313,383	\$ 2,030,365		\$ 1,970,630	
d. Children with Special Healthcare Needs	\$ 3,062,436	\$ 2,759,463	\$ 3,081,143		\$ 3,014,817	
e. Others	\$ 418,170	\$ 520,228	\$ 861,894		\$ 890,998	
f. Administration	\$ 156,567	\$ 164,541	\$ 163,456		\$ 159,802	
g. SUBTOTAL	\$ 7,798,558	\$ 7,840,839	\$ 7,118,806	\$ 0	\$ 7,277,261	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 99,954		\$ 99,954		\$ 99,954	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 26,046,916		\$ 29,602,585		\$ 32,904,895	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 2,218,900		\$ 6,649,579		\$ 9,356,733	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
see note	\$ 0		\$ 0		\$ 126,694,677	
see notes	\$ 0		\$ 85,823,706		\$ 0	
see field note	\$ 84,654,289		\$ 0		\$ 0	
III. SUBTOTAL	\$ 113,020,059		\$ 122,175,824		\$ 169,056,259	

FORM NOTES FOR FORM 4

aaa

FIELD LEVEL NOTES

- 1. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
Expenditure differs from budget by more than 10% is due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4, Form 5.
- 2. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2007
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 3. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2007
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 4. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
Expenditure differs from budget by more than 10% is due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4, Form 5.
- 5. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2007
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 6. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2007
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 7. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2008
Field Note:
Expenditure differs from budget by more than 10% is due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4, Form 5.
- 8. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2008
Field Note:
a
- 9. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2008
Field Note:
Expenditure differs from budget by more than 10% is due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4, Form 5.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NE

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,113,963	\$ 2,601,652	\$ 2,133,984	\$ 2,976,560	\$ 2,325,969	\$ 2,944,380
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,298,260	\$ 1,707,608	\$ 1,350,412	\$ 1,351,648	\$ 1,590,184	\$ 1,550,484
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,779,757	\$ 1,873,385	\$ 2,146,489	\$ 1,358,251	\$ 2,005,743	\$ 1,795,629
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,652,504	\$ 1,825,559	\$ 1,672,974	\$ 2,000,727	\$ 1,872,328	\$ 1,384,270
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 7,844,484	\$ 8,008,204	\$ 7,303,859	\$ 7,687,186	\$ 7,794,224	\$ 7,674,763

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NE

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,935,014	\$ 2,258,985	\$ 2,465,526	\$	\$ 2,032,153	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,358,725	\$ 2,104,196	\$ 1,732,862	\$	\$ 1,954,417	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,566,706	\$ 1,915,763	\$ 1,337,721	\$	\$ 2,024,329	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,938,113	\$ 1,561,895	\$ 1,582,697	\$	\$ 1,266,362	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 7,798,558	\$ 7,840,839	\$ 7,118,806	\$ 0	\$ 7,277,261	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
Expenditure differs from budget by more than 10% is due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4, Form 5.
- 2. Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 3. Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
Expenditure differs from budget by more than 10% is due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4, Form 5.
- 4. Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 5. Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2009
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 6. Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
Expenditure differs from budget by more than 10% is due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4, Form 5.
- 7. Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.
- 8. Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
Expenditure differs from budget by more than 10% is due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4, Form 5.
- 9. Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: NE

Total Births by Occurrence: 27,094

Reporting Year: 2008

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	27,021	99.7	0	0	0	
Congenital Hypothyroidism	27,021	99.7	110	11	11	100
Galactosemia	27,021	99.7	9	0	0	
Sickle Cell Disease	27,021	99.7	3	3	3	100
Other Screening (Specify)						
Biotinidase Deficiency	27,021	99.7	31	4	4	100
Congenital Adrenal Hyperplasia	27,021	99.7	37	1	1	100
Cystic Fibrosis	27,021	99.7	68	15	15	100
Homocystinuria	26,788	98.9	1	1	1	100
SC-Disease	27,021	99.7	1	1	1	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	26,788	98.9	1	1	1	100
3-Methylcrotonyl-CoA Carboxylase Deficiency	26,788	98.9	1	1	1	100
Methylmalonic acidemia (Cbl A,B)	26,788	98.9	1	1	1	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	27,021	99.7	6	4	4	100
Carnitine Deficiency due to maternal GA 1	26,788	98.9	1	1	1	100
Hyper-Tyrosinemia of prematurity	26,788	98.9	1	1	1	100
Hearing Screening	26,791	98.9	1,050	40	35	87.5

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2010
Field Note:
No cases of PKU were identified in 2008
2. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2010
Field Note:
3 cases of Sickle Cell Disease were identified on screening and 3 cases were treated
3. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2010
Field Note:
5) Biotinidase Deficiency (3 partials and 1 profound)

12) Hearing Screening (5 infants not referred to Early Development Network)

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: NE

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,395	96.0	0.0	1.0	3.0	0.0
Infants < 1 year old	27,021	37.0	0.0	57.0	3.0	3.0
Children 1 to 22 years old	17,202	20.0	5.0	16.0	59.0	0.0
Children with Special Healthcare Needs	2,168	56.0	13.0	11.0	20.0	0.0
Others	11,831	20.0	0.0	8.0	72.0	0.0
TOTAL	60,617					

FORM NOTES FOR FORM 7
None
FIELD LEVEL NOTES
None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: NE

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	27,074	21,345	1,741	319	513	0	0	3,156
Title V Served	2,555	1,455	503	398	37	4	9	149
Eligible for Title XIX	12,667	6,706	1,531	358	164	0	0	3,908
INFANTS								
Total Infants in State	27,554	23,907	1,649	437	612	29	920	0
Title V Served	27,021	21,296	1,737	318	512	0	0	3,158
Eligible for Title XIX	20,623	11,347	2,175	565	238	25	5,118	1,155

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	23,065	3,998	20	0	0	0	0	3,998
Title V Served	2,003	550	0	27	0	0	2	521
Eligible for Title XIX	9,636	3,031	0	0	0	0	0	3,031
INFANTS								
Total Infants in State	23,335	4,219	0	0	0	0	0	4,219
Title V Served	22,136	4,885	0	0	0	0	0	4,885
Eligible for Title XIX	14,614	4,866	1,143	0	0	0	0	4,866

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NE

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 862-1889	(800) 862-7889	(800) 862-1889	(800) 862-1889	(800) 861-1889
2. State MCH Toll-Free "Hotline" Name	Nebraska Healthy Mothers, Health Babies Hotline	Nebraska Healthy Mothers, Healthy Babies Helpline	Nebraska Healthy Mothers, Healthy Baby Helpline	Nebraska Healthy Mothers, Healthy Baby Helpline	Nebraska Healthy Mothers, Healthy Babies Helpline
3. Name of Contact Person for State MCH "Hotline"	Sue Huffman	Jan Heusinkvelt	Jan Heusinkvelt	Jan Heusinkvelt	Sue Huffman
4. Contact Person's Telephone Number	(402) 471-1938	(402) 471-0165	(402) 471-0165	(402) 471-0165	(402) 471-1938
5. Contact Person's Email	sue.huffman@nebraska.gov				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	412	306	218

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NE

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main
Field Name: cemail_2
Row Name: Contact Person's email
Column Name: FY
Year: 2010
Field Note:
sue.huffman@nebraska.gov

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: NE

1. State MCH Administration:
(max 2500 characters)

Title V / MCH Services Block Grant to Nebraska Department of Health and Human Services (DHHS) is administered within Lifespan Health Services by a unit entitled Planning & Support. Nebraska describes Title V as a funding source that supports programs, not a program itself. The Block Grant supports many of the programs within Lifespan Health Services, as well as other DHHS programs/units Title V/MCH also supports community-based organizations, e.g. local health departments, community action programs, and programs administered within Native American Tribes, academic institutions, and hospitals. The term administration is vaguely defined by the federal Maternal and Child Health Bureau (MCHB). The limited definition is problematic since one of the statutory requirements of Title V is that the cost of administration of the block grant cannot exceed 10% of the federal allotment. Given our interpretation and subsequent activities, less than 4% is expended for administration. The Planning & Support unit manages the various grant processes, e.g. evaluating the best methods to distribute the block grant funds within its parameters, and monitoring the activities and finances of its grant-funded work. In addition, the unit assists with assessment, planning, implementation, and evaluation of the block grant funds and activities. An ancillary responsibility to the administration of the block grant considers the variety of other resources that impact the maternal and child health population in Nebraska. A holistic view aids in planning for the most efficient and effective use of public health resources relative to the Block Grant. Therefore, using a broad interpretation, the administration of Title V/MCH Block Grant is the sole function of this unit. Two FTEs accomplish the activities of this unit, classified as: 1) Federal Aid Administrator III and 2) Administrative Assistant I. Both positions are allocable to the Block Grant via the internal allocation to Planning & Support. The unit collaborates with Grants & Cost Management and Accounting units to: 1) reconcile expenditures in the Nebraska Information System to that of the reports from internals and externals, and subsequently to complete the annual application and report for the block grant; 2) respond with information for the audit; and 3) project funds available for FY 2010.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 4,024,746
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 2,863,000
5. Local MCH Funds (Line 4, Form 2)	\$ 389,515
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 7,277,261

9. Most significant providers receiving MCH funds:

_____	state level programs / units
_____	community level service providers
_____	local health departments
_____	Federally-recognized American Indian Tribes

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	2,395
b. Infants < 1 year old	27,021
c. Children 1 to 22 years old	17,202
d. CSHCN	2,168
e. Others	11,831

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Nebraska groups population-based, direct care and enabling services into "services" generally, defining services as activities directed at the needs of a population. Direct, enabling, and population-based services are the primary focus of the MCH funds to community-based organizations. Nebraska commits approximately 23% of the MCH/Title V Block Grant to community-based organizations to address Nebraska priority needs in local communities. This support encourages a local community to assess its resources and capacity to address the health needs of Nebraska mothers and children. The state agency provides technical assistance and financial resources to communities to implement work plans and evaluate if outcomes are reached. The three categories comprising services are also addressed at the state agency level, as is infrastructure building.

b. Population-Based Services:
(max 2500 characters)

See subsections 11.a. and 11.c.

c. Infrastructure Building Services:
(max 2500 characters)

Nebraska delineates infrastructure building from other services (described in subsection 11.a.) by those activities that focus on overall capacity-building to address the MCH priority needs. Infrastructure is largely supported at the state-level.

12. The primary Title V Program contact person:

Name	Paula Eurek
Title	Administrator, Lifespan Health Services
Address	3rd Floor, PO Box 95026

13. The children with special health care needs (CSHCN) contact person:

Name	Ginger Goomis
Title	Administrator, Longterm Care Program
Address	5th Floor, PO Box 95026

City	Lincoln
State	NE
Zip	68509-5026
Phone	(402) 471-0196
Fax	(402) 471-7049
Email	paula.eurek@nebraska.gov
Web	http://www.dhhs.ne.gov/LifespanHealth/

City	Lincoln
State	NE
Zip	68509-5026
Phone	(402) 471-9185
Fax	(402) 471-9092
Email	ginger.goomis@nebraska.gov
Web	http://www.dhhs.ne.gov/hcs/programs/MHCP.htm

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NE

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	98.7	98.8	100.0	100.0
Numerator	30	153	167	185	545
Denominator	30	155	169	185	545
Data Source					Program Data

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2008

Field Note:

545 babies had a presumptive positive or inconclusive screening result for a disease requiring confirmatory or repeat testing(follow up) .
 (this number does not include hemoglobinopathy patterns that were indicative of trait/carrier status)

23 out of the 545 expired and required no follow up.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	70	70	67.7	69.1	67
Annual Indicator	66.4	66.4	66.4	65.7	65.7
Numerator	326	326	326		
Denominator	491	491	491		
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	Annual Objective and Performance Data				
	2009	2010	2011	2012	2013
Annual Performance Objective	68.4	69.7	71.1	72.5	74
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey. Weighted data

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	55	55	56.1	55.2
Annual Indicator	53.8	53.8	53.8	54.2	54.2
Numerator	706	706	706		
Denominator	1,313	1,313	1,313		
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	56.4	57.5	58.6	59.8	61
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03. Weighted data.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	65	65	65	66.3	67.2
Annual Indicator	63.5	63.5	63.5	65.9	65.9
Numerator	719	719	719		
Denominator	1,133	1,133	1,133		
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	68.6	69.9	71.3	72.8	74.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey. Weighted data.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	80	81.4	83	93.7
Annual Indicator	79.8	79.8	79.8	91.9	91.9
Numerator	327	327	327		
Denominator	410	410	410		
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	95.6	97.5	99.4	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05. Weighted data.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	5.2	5.3	55.4
Annual Indicator	5.1	5.1	5.1	54.4	54.4
Numerator	118	118	118		
Denominator	2,314	2,314	2,314		
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	56.6	57.7	58.8	60	61.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data. Weighted data.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	90	83.9	85.4	86.9	83.5
Annual Indicator	82.3	89.1	81	85.2	82
Numerator					
Denominator					
Data Source					CDC NIS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	83.6	85.3	87	88.8	90.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2008

Field Note:

Data is Q3/2007-Q2/2008. The entire 2008 data has not been released by CDC.

2. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2007

Field Note:

Data is Q3/2006-Q2/200. The entire 2007 data has not been released by CDC.

3. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2006

Field Note:

Nebraska relies on NCHS National Immunization Survey (NIS) for current vaccination estimates. Num and Denom are not provided because they are unknown.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	18	17.5	17.7	15.9	16.6
Annual Indicator	17.8	18.1	16.3	18.1	17.8
Numerator	670	690	616	687	655
Denominator	37,702	38,097	37,844	37,863	36,878

Data Source

Birth File, Census Est.

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	17.4	17.1	16.7	16.4	16.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

Birth file is not complete or cleaned.

2. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

Out of state resident births are not yet in the data file (1000+ births).

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	17	45.7	46.8	47.8	48.9
Annual Indicator	44.6	44.6	44.6	44.6	44.6
Numerator	10,489	10,489	10,489	10,489	10,489
Denominator	23,518	23,518	23,518	23,518	23,518

Data Source

NE Open Mouth
Survey 2004

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

Based on Nebraska Open Mouth Survey of third grades 2004-2005 school year.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	4.4	4.4	3.8	3.4	3.4
Annual Indicator	3.3	5.3	3.8	4.1	1.5
Numerator	12	18	13	14	5
Denominator	359,029	338,806	339,983	341,855	343,908
Data Source					Death file, Census Est.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	3.3	3.2	3.1	3	2.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 death file in not complete.

2. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			35.8	48.8	56
Annual Indicator		35.1	47.9	55.1	65.2
Numerator					
Denominator					
Data Source					National Immunization Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	66.5	67.8	69.2	70.5	71.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2008
Field Note:
 76.42% of woman reported initiating breastfeeding of those 65.2% reported breastfeeding longer than 180 days. However, only 35.3% reported exclusive breastfeeding over 180 days.
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2007
Field Note:
 Data source is CDC's National Immunization Survey, 2006 (weighted data).
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2006
Field Note:
 Data source is CDC's NIS, 2005.
 Verified with 2006 PRAMS indicated that 80% have attempted to breastfeed (ever) and 44.5 still breastfeeding at the time of survey.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	95	99	99.7	99	99.9
Annual Indicator	98.2	99.6	98.9	99.0	99.3
Numerator	25,966	26,179	26,615	26,669	26,791
Denominator	26,443	26,293	26,898	26,948	26,972

Data Source

Program Data

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2008

Field Note:

Of the 151 infants not screened 7 were refusals. The denominator is births - 112 infant deaths.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	5.5	12.2	11.3	12.3	13.6
Annual Indicator	12.4	11.5	12.6	13.9	16.2
Numerator	18,000	18,000	19,000	22,000	24,000
Denominator	145,000	156,000	151,000	158,000	148,000

Data Source

Census

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	15.9	15.6	15.2	14.9	14.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			32	31.4	33.7
Annual Indicator		32.9	33.5	34.4	36.4
Numerator		4,848	5,036	5,263	6,204
Denominator		14,724	15,028	15,311	17,034

Data Source

NE WIC

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	35.7	35	324.3	33.6	32.9

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			11.9	11.7	11.3
Annual Indicator		12.2	11.8	11.6	11.8
Numerator		3,186	3,148	3,122	3,106
Denominator		26,143	26,629	26,935	26,404

Data Source

Birth file

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	11.5	11.3	11.1	10.8	10.6

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2007

Field Note:

Out of state resident births are not yet in the data file (1000+ births).

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8	7.5	13.4	13.1	12.8
Annual Indicator	11.6	13.7	16.1	11.5	13.2
Numerator	15	18	21	15	17
Denominator	129,578	131,107	130,338	130,506	128,885

Data Source

Death file, Census Est.

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	12.9	12.6	12.4	12.1	11.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

I have switched to a three year rolling average based on reviewer recommendation.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	90	74.3	78.2	73.7	69.2
Annual Indicator	75.2	74.6	71.9	68.1	68.5
Numerator	279	217	218	220	207
Denominator	371	291	303	323	302

Data Source

Birth file

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	69.8	71.2	72.7	74.1	75.6

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Targets have been reset

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	90	84.6	79.3	80.9	74.8
Annual Indicator	82.7	77.8	71.5	73.2	72.2
Numerator	21,773	20,332	19,096	19,721	19,051
Denominator	26,323	26,144	26,723	26,935	26,404

Data Source

Birth file

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	73.6	75.1	76.6	78.1	79.7

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Out of state resident births are not yet in the data file (1000+ births). Over 2% of the data for this PM is missing/unknown.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Over 5% of the data for this PM is missing/unknown.

STATE PERFORMANCE MEASURE # 1

Percent women (18-44) with healthy weight (BMI)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			52.6	53.6	54.2
Annual Indicator		51.6	49.9	54	53.5
Numerator					
Denominator					
Data Source					NE BRFSS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	54.6	55.6	56.7	57.9	59
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 NE BRFSS, weighted data.

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 NE BRFSS, weighted data.

3. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 NE BRFSS, weighted data.

STATE PERFORMANCE MEASURE # 2

Percent of women of child-bearing age who report smoking in the last 30 days

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	19	19.3	17.5	21.4	19.1
Annual Indicator	21.1	25.4	21.9	19.5	20.3
Numerator	68,369				
Denominator	324,598				
Data Source					NE BRFSS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	19.9	19.5	19.1	19.7	18.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 NE BRFSS, weighted data.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

20067 NE BRFSS, weighted data.

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 NE BRFSS, weighted data.

Targets have been reset to 2% improvement rather than HP2010.

STATE PERFORMANCE MEASURE # 3

Percent of women age (18-44) who report mental health not good 10+ days of past 30

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			10.1	13.2	12.9
Annual Indicator		10.3	13.5	13.1	10.8
Numerator					
Denominator					
Data Source					NE BRFSS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	10.5	10.3	10.1	9.9	9.7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 weighted data

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 NE BRFSS, weighted data.

3. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

2005 NE BRFSS, weighted data.

STATE PERFORMANCE MEASURE # 4

Percent of teens who report use of alcohol in last 30 days

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	58	45.6	42	41.2	40.1
Annual Indicator	46.5	42.9	42.9	41.1	41.1
Numerator	60,855				
Denominator	130,871				
Data Source					NE YRBS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	39.3	38.5	37.7	36.9	36.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 YRBS did not achieve an adequate response rate. YRBS is conducted every two years.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 YRBS did not achieve an adequate response rate.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

2005 YRBS is a weighted survey. YRBS is conducted bi-annually.

STATE PERFORMANCE MEASURE # 5

Percent premature births (births<37 weeks)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			8.7	9.8	9.6
Annual Indicator		9.8	10.0	9.6	9.7
Numerator		2,566	2,676	2,584	2,555
Denominator		26,144	26,723	26,935	26,404
Data Source					Birth file
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	9.8	9.3	9.1	8.9	8.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

STATE PERFORMANCE MEASURE # 6

Rate of infant death to adolescents (age 15-17)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			7.7	7.5	7.4
Annual Indicator	14.9	8.7	8.1	7.3	
Numerator	10	6	5	5	
Denominator	670	690	616	687	
Data Source					Linked Birth and Death file
Is the Data Provisional or Final?				Final	Provisional
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	7.2	7	6.9	6.7	6.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data not yet available.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data not yet available.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data not yet available.

STATE PERFORMANCE MEASURE # 7

Incidence of confirmed SIDS cases (per 1,000 live births) among African American and Native American infants

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	2.5	2.7	2.6	2.3
Annual Indicator	2.8	3.0	2.7	2.4	2.6
Numerator	26	29	27	25	28
Denominator	9,325	9,579	9,960	10,446	10,657
Data Source					Death file, Birth file
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	2.3	2.3	2.3	2.3	2.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Death file is incomplete, missing out of state deaths and few thousand causes of death.
Because numbers are so small this is (and has been) a 5 year average.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.
Because numbers are so small this is (and has been) a 5 year average.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

Because numbers are so small this is (and has been) a 5 year average

STATE PERFORMANCE MEASURE # 8

The percent of African American women beginning prenatal care during the first trimester.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	90	79.5	69.9	71.3	60.4
Annual Indicator	72.2	68.6	58.8	58.4	54.4
Numerator	1,114	1,033	1,030	1,069	946
Denominator	1,543	1,505	1,752	1,831	1,739
Data Source					Birth file
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	55.5	56.6	57.7	58.9	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

Out of state resident births are not yet in the data file (1000+ births). Nearly 7% of the data for this PM is missing/unknown.

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

Nearly 10% of the data for this PM is missing/unknown.

STATE PERFORMANCE MEASURE # 9

Hospitalization for unintentional injuries (per 1,000) for children and adolescents

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			110.4	110.2	109.8
Annual Indicator	111.7	117.5	118.6	129.8	
Numerator	51,706	55,225	55,890	61,254	
Denominator	462,820	469,913	471,382	471,930	
Data Source					Hospital Discharge, Census data
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	129.3	124.7	122.3	119.8	117.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

HDD will be available in October 2009.

2. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

HDD will be available in October 2008.

3. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2006**Field Note:**

HDD will be available in October 2007.

STATE PERFORMANCE MEASURE # 10

Hospitalization for intentional injuries (per 1,000) for children and adolescents (age 1-19)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			5	4.9	4.8
Annual Indicator	4.1	3.9	4.1	3.9	
Numerator	1,908	1,835	1,917	1,862	
Denominator	462,820	469,913	471,382	471,930	
Data Source					Hospital Discharge, Census data
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>3.8</u>	<u>3.7</u>	<u>3.7</u>	<u>3.6</u>	<u>3.5</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

HDD will be available in October 2009.

2. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

HDD will be available in October, 2008.

3. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

HDD will be available in October, 2007.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: NE

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6.4	6.5	6.5	6.5	6.4
Annual Indicator	6.6	5.6	5.5	6.8	5.2
Numerator	173	147	148	183	136
Denominator	26,291	26,144	26,723	26,935	26,404
Data Source					Death file, Birth file
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5.1	5	4.9	4.8	4.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

Out of state resident births are not yet in the data file (1000+ births).

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2.7	2.7	2.7	2.7	2.7
Annual Indicator	2.8	2.2	2.0	2.3	3.5
Numerator	16.8	11.9	11.8	15.3	16.6
Denominator	5.9	5.3	5.8	6.8	4.8

Data Source

Death file, Birth file

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3.4	3.4	3.3	3.2	3.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Out of state resident births are not yet in the data file (1000+ births).

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	4.3	4.1	4	4	4
Annual Indicator	4.2	3.3	3.5	4.9	3.1
Numerator	110	86	93	132	83
Denominator	26,291	26,144	26,723	26,935	26,404

Data Source

Death file, Birth file

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3	2.9	2.9	2.8	2.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2	2.4	2.3	2.3	2.3
Annual Indicator	2.4	2.3	2.1	1.9	2.0
Numerator	63	60	55	51	53
Denominator	26,291	26,144	26,571	26,935	26,404

Data Source

Death file, Birth file

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.9	1.9	1.9	1.8	1.8

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8.9	8.1	8.1	5	4.9
Annual Indicator	6.3	5.6	5.6	10.5	
Numerator	165	147	149	285	
Denominator	26,291	26,144	26,723	27,109	

Data Source

Death file, Birth file

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	10.3	10.1	9.9	9.7	9.5

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

Data is not available at this time.

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

Jump in number reflects improved reporting

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	21.6	22.6	21.1	20.1	20
Annual Indicator	24.6	21.3	19.4	20.5	18.3
Numerator	82	72	66	70	63
Denominator	333,242	338,806	339,983	341,855	343,908

Data Source

Death file, Census Est.

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	17.9	17.6	17.2	16.8	16.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: NE

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NE FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduce the rates of overweight women, youth, and children by increasing participation in sufficient physical activity and improving nutrition.
2. Reduce the percent of women of child-bearing age, particularly pregnant and post-partum women, and adolescents who use tobacco and reduce the percent of infants, children and youth exposed to second hand smoke
3. Reduce rates of premature and low birth weight births for all women, with attention to adolescent pregnancy.
4. Reduce the rates of hospitalizations and deaths due to unintentional injuries for children and youth.
5. Reduce the number and rates of child abuse, neglect, and intentional injuries of children.
6. Reduce the rates of infant mortality, especially racial/ethnic disparities.
7. Reduce alcohol use among youth.
8. Increase capacity of community-based medical home providers to detect and refer for treatment women, children, and youth with emotional and behavioral health conditions.
9. Increase capacity of Title V Programs for Children with Special Health Care Needs to serve increased numbers of children meeting medical and financial eligibility criteria and who are uninsured or underinsured.
10. Build capacity of Title V programs for Children with Special Health Care Needs to provide transition medical and dental clinics for youth with special health care needs 14-21 years.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NE

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Consultation/facilitation in support of further developing an adolescent comprehensive systems initiative	Work begun in 2009 needs further refinement to move it to operational status	Kristin Teipel, Konopka Institute; Sharron Corle, AMCHP
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Consultation to develop a MCH/CSHCN collaborative	NE needs an organizational structure for ongoing communication and collaboration with stakeholders	No suggestions
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NE

SP # 1

PERFORMANCE MEASURE:

Percent women (18-44) with healthy weight (BMI)

STATUS:

Active

GOAL

Reduce overweight and obesity for Nebraska's women, youth, and children

DEFINITION

=

Numerator:

The estimated percent (weighted data set) of women 18-44 in the state who reported a BMI less than 25 during the reporting period.

Denominator:

The estimated number (weighted data set) of women in the state who are age 18-44 in the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 19-01 Healthy Weight in Adults; 60%

DATA SOURCES AND DATA ISSUES

The Nebraska Behavior Risk Factor Surveillance System (BRFSS) will provide state level data annually. BRFSS surveys adults 18 and older. Due to data limitations women age 18-44 are a proxy for women of childbearing age

SIGNIFICANCE

Nebraska women, youth, and children are heavier than the nation and HP2010 objectives. Overweight and obesity lead to unhealthy quality of life. Consequences include poor birth outcomes, mental health problems, diabetes, hypertension, and cardiovascular disease.

SP # 2

PERFORMANCE MEASURE:

Percent of women of child-bearing age who report smoking in the last 30 days

STATUS:

Active

GOAL

To promote healthy lifestyles in women of child-bearing age

DEFINITION

=

Numerator:

The estimated percent(weighted data set) of women 18-44 in the state who reported smoking on the Nebraska BRFSS

Denominator:

The estimated number (weighted data set)of women in the state who are age 18-44 in the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 27-01 Cigarette Smoking Adults; 12%

DATA SOURCES AND DATA ISSUES

The Nebraska Behavior Risk Factor Surveillance System (BRFSS) will provide state level data annually. BRFSS surveys adults 18 and older. Due to data limitations women age 18-44 are a proxy for women of childbearing age

SIGNIFICANCE

Healthy living among women of child-bearing age increases the chances of healthy birth outcomes, as well as the quality of life in women and their children. Abstinence from smoking and alcohol use, as well as healthy eating and exercise, all contribute to a healthy lifestyle.

SP # 3

PERFORMANCE MEASURE:

Percent of women age (18-44) who report mental health not good 10+ days of past 30

STATUS:

Active

GOAL

To begin monitoring the mental health of women in Nebraska.

DEFINITION

Numerator:

The estimated percent (weighted data set) of women 18-44 in the state who reported 10+ days during the past 30 where mental health was not good. (depression, stress, and problems with emotions)

Denominator:

The estimated number (weighted data set) of women in the state who are age 18-44 in the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Focus Area 18 Mental Health and Mental Disorders

The objectives that come the closest are 18-06 Mental Health Screening /Assessment with no target set and 18-09a Treatment for recognized depression; adults with a target of 50%.

DATA SOURCES AND DATA ISSUES

The Nebraska Behavior Risk Factor Surveillance System (BRFSS) will provide state level data annually. BRFSS surveys adults 18 and older. Due to data limitations women age 18-44 are a proxy for women of childbearing age.

SIGNIFICANCE

Mental Health affects all of the MCH populations causing unknown loss of potential. Nebraska is attempting to conduct better assessment and monitoring of mental health including perinatal depression and CSHCN.

SP # 4

PERFORMANCE MEASURE:

Percent of teens who report use of alcohol in last 30 days

STATUS:

Active

GOAL

To promote healthy lifestyles among youth

DEFINITION

a

Numerator:

The estimated number of high school students in the state who reported consuming alcohol in the last 30 days during the reporting period.

Denominator:

The estimated number (weighted data of high school students in the state.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 26-10a

Adolescents not using alcohol or illicit drugs in past 30 days(aged 12 to 17 years.

DATA SOURCES AND DATA ISSUES

The Youth Risk Behavior Survey is the source for this data and is administered bi-annually. A number of large, urban schools with students in grades 9-12 chose not to participate in the YRBS. In those large schools that did not participate, a larger than expected number of students did not complete the survey. This means that these survey results for grades 9-12 provide an important description of the priority health risk behaviors of the survey participants. The total sample, however, is not truly representative of the state's grade 9-12 students because it under-represents Nebraska's urban adolescents.

SIGNIFICANCE

Alcohol is the most commonly used drug in Nebraska among teens. Alcohol increases the likelihood of sexual activity, exposing youth to STDs and HIV. Alcohol is responsible for a high percentage of teen motor vehicle accidents, and has a strong influence on morbidity and mortality.

SP # <u>5</u>	
PERFORMANCE MEASURE:	Percent premature births (births<37 weeks)
STATUS:	Active
GOAL	To reduce prematurity
DEFINITION	<p>Numerator: The number of births that occur before 37 weeks gestation in the state in the reporting period.</p> <p>Denominator: The total number of births in the state during the reporting year.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	Objective 16-11a Total preterm births; 7.6%
DATA SOURCES AND DATA ISSUES	Birth certificate data in the NHHSS Vital Records provides information on live births.
SIGNIFICANCE	Prematurity is a serious, common and costly problem that is increasing in the state. Nebraska would like to reduce prematurity in conjunction with reducing low birth weight and infant death.

SP # 6

PERFORMANCE MEASURE:

Rate of infant death to adolescents (age 15-17)

STATUS:

Active

GOAL

To reduce poor birth outcomes to adolescents

DEFINITION

=

Numerator:

The number of infant deaths to adolescent women (age 15-17) in the state during the reporting period.

Denominator:

The number of births to adolescent women (age 15-17) in the state during the reporting period.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-01c All Infant deaths (within 1 year, per 1,000); 4.5

DATA SOURCES AND DATA ISSUES

Birth certificate data linked with death certificates data is provided by NHHSS Vital Records.

SIGNIFICANCE

Infants born to teenage mothers are at higher risk of being born low birth weight and have a higher mortality rate. Reducing Infant mortality remains a high priority.

SP # 7

PERFORMANCE MEASURE:

Incidence of confirmed SIDS cases (per 1,000 live births) among African American and Native American infants

STATUS:

Active

GOAL

To further reduce infant deaths in Nebraska due to SIDS

DEFINITION

=

Numerator:

Number of investigated and confirmed cases of SIDS deaths among African American and Native American infants (combined)

Denominator:

Number of live births among African American and Native American infants (combined)

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-01h SIDS Deaths; 0.25/1,000

DATA SOURCES AND DATA ISSUES

Birth certificate data in NDHHS vital records provide information on live births among infants by racial/ethnic background. Because numbers are very small for this measure, a 5-year average is used to provide indicator data. Data collected by Nebraska Child Death Review Team is used to determine the number of investigated and confirmed cases of SIDS deaths among all infants, and is available by racial/ethnic background. It is important to note that child death investigations in rural and small urban counties in the state may be inconsistent with investigations in large urban counties. Individual law enforcement investigators in Lincoln and Omaha have participated in numerous child death scene investigations, whereas their colleagues in smaller communities may not have encountered one in many years.

SIGNIFICANCE

While the incidence of SIDS in Nebraska has decreased by over 50% since the inception of the "Back To Sleep" campaign in 1994, the rate of SIDS deaths among African American and Native American infants in the state still remains over three times that of white infants .

SP # <u>8</u>	
PERFORMANCE MEASURE:	The percent of African American women beginning prenatal care during the first trimester.
STATUS:	Active
GOAL	To improve the birth outcomes of African American women.
DEFINITION	<p>Numerator: Number of African American beginning prenatal care during the first trimester</p> <p>Denominator: Number of African American women giving birth</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	Objective 16-06a Prenatal care beginning in the first trimester; 90%
DATA SOURCES AND DATA ISSUES	Nebraska Vital Statistics
SIGNIFICANCE	Early entry into prenatal care results in improved birth outcomes.

SP # <u>9</u>	
PERFORMANCE MEASURE:	Hospitalization for unintentional injuries (per 1,000) for children and adolescents
STATUS:	Active
GOAL	Reduce unintentional injuries in the state
DEFINITION	<p>=</p> <p>Numerator: Number of hospital discharges for unintentional injuries (non fatal inpatient and outpatient)for the ages 1-19 during the reporting year</p> <p>Denominator: Number of children and adolescents age 1-19 in the state during the reporting year.</p> <p>Units: 1000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Hospital Discharge data is generally provided in the fall after the annual report is due.
SIGNIFICANCE	Unintentional Injuries are a leading casue of hospitalization and death for these age groups. Therefore, greatly affecting quality of life for children, youth and thier families.

SP # <u>10</u>	
PERFORMANCE MEASURE:	Hospitalization for intentional injuries (per 1,000) for children and adolescents (age 1-19)
STATUS:	Active
GOAL	Reduce rates of child abuse, neglect, and intentional injuries of children
DEFINITION	<p>=</p> <p>Numerator: Number of hospital discharges for unintentional injuries (non fatal inpatient and outpatient)for the ages 1-19 during the reporting year</p> <p>Denominator: Number of children age 1-19 in the state during the reporting year.</p> <p>Units: 1000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Hospital Discharge data is generally provided in the fall after the annual report is due.
SIGNIFICANCE	Child abuse cases reported and substantiated are increasing in Nebraska. Violent and sexual abuse scars for life.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: NE

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	18.4	21.8	15.2	17.3	
Numerator	225	219	194	224	
Denominator	122,049	100,490	127,665	129,796	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

2008 HDD data is released in October of 2009.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

2007 HDD data is released in October of 2008.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

2006HDD data is released in October of 2007.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2004	2005	<u>Annual Indicator Data</u>		2008
			2006	2007	
Annual Indicator	81.7	98.7	98.8	98.3	98.4
Numerator	10,315	12,575	12,933	13,277	13,402
Denominator	12,618	12,743	13,094	13,510	13,625

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>91.9</u>	<u>86.6</u>	<u>87.7</u>	<u>84.7</u>	<u>85.9</u>
Numerator	<u>1,096</u>	<u>862</u>	<u>876</u>	<u>866</u>	<u>972</u>
Denominator	<u>1,192</u>	<u>995</u>	<u>999</u>	<u>1,023</u>	<u>1,131</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Medicaid was asked to verify and interrupt the drop. Staff stated 2003-2005 should have been reported 82.9, 86.6, 86.6%.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>71.1</u>	<u>63.0</u>	<u>66.4</u>	<u>72.5</u>	<u>72.7</u>
Numerator	<u>18,670</u>	<u>16,429</u>	<u>17,712</u>	<u>18,916</u>	<u>18,669</u>
Denominator	<u>26,273</u>	<u>26,085</u>	<u>26,659</u>	<u>26,096</u>	<u>25,677</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Out of state resident births are not yet in the data file (1000+ births). Over 2% of the data for this PM is missing/unknown.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

Over 6% of the data for this PM is missing/unknown.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	<u>Annual Indicator Data</u>		
			2006	2007	2008
Annual Indicator	96.5	96.8	96.9	96.9	97.0
Numerator	152,470	153,502	154,580	155,320	159,496
Denominator	158,000	158,500	159,580	160,320	164,496

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>57.8</u>	<u>61.3</u>	<u>61.7</u>	<u>63.6</u>	<u>64.2</u>
Numerator	<u>17,525</u>	<u>18,869</u>	<u>19,384</u>	<u>20,265</u>	<u>20,948</u>
Denominator	<u>30,301</u>	<u>30,763</u>	<u>31,427</u>	<u>31,870</u>	<u>32,633</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>32.8</u>	<u>32.6</u>	<u>36.5</u>	<u>37.0</u>	<u>35.1</u>
Numerator	<u>938</u>	<u>967</u>	<u>1,101</u>	<u>1,375</u>	<u>1,149</u>
Denominator	<u>2,858</u>	<u>2,964</u>	<u>3,016</u>	<u>3,715</u>	<u>3,278</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

Num = NE CONNECT number of children 15 and younger receiving services (MHCP and/or SSI-DCP)FY 2007.

DEN = Table 7 SS1 payments Dec, 2007 via Healthy and Ready to Work

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: NE

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Matching data files	<u>8.4</u>	<u>5.8</u>	<u>6.9</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Matching data files	<u>4.3</u>	<u>6.3</u>	<u>5.5</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Matching data files	<u>74.7</u>	<u>89.5</u>	<u>83.6</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Matching data files	<u>58.7</u>	<u>69.5</u>	<u>64.1</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: NE

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2008	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: NE

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2008	<u>185</u> <u>185</u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>185</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2010
Field Note:
There was some data loss in the file matching there were individuals who were unable to be matched so cases were dropped. This affects the overall rate being reported (Vitals data alone reports 73.2%).
2. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2010
Field Note:
There was some data loss in the file matching there were individuals who were unable to be matched so cases were dropped. This affects the overall rate being reported (Vitals data 72.5%).

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NE

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NE

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	Yes
Other: Youth Tobacco Survey	3	Yes
Nebraska Risk and Protective Factor Student Survey	3	Yes

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: NE

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	7.1	7.0	7.1	7.0	7.1
Numerator	1,859	1,793	1,910	1,894	1,869
Denominator	26,323	25,751	26,723	26,925	26,388

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

Out of state resident births are not yet in the data file (1000+ births).

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data				
		2004	2005	2006	2007	2008
Annual Indicator		<u>5.0</u>	<u>5.2</u>	<u>5.4</u>	<u>5.2</u>	<u>5.3</u>
Numerator		<u>1,274</u>	<u>1,302</u>	<u>1,388</u>	<u>1,335</u>	<u>1,359</u>
Denominator		<u>25,333</u>	<u>24,889</u>	<u>25,807</u>	<u>25,912</u>	<u>25,464</u>
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>						
Is the Data Provisional or Final?					Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	1.3	1.2	1.2	1.3	1.2
Numerator	330	311	333	350	315
Denominator	26,291	25,751	26,723	26,925	26,388
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes1. **Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Out of state resident births are not yet in the data file (1000+ births).

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	0.9	0.9	0.9	0.9	0.9	
Numerator	217	216	241	237	223	
Denominator	25,333	24,889	25,807	25,912	25,464	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	8.6	8.6	8.5	6.7	6.1
Numerator	31	29	29	23	21
Denominator	359,029	338,806	339,983	341,855	343,908
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2007
Field Note:
2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>3.3</u>	<u>5.3</u>	<u>3.8</u>	<u>4.4</u>	<u>1.5</u>
Numerator	<u>12</u>	<u>18</u>	<u>13</u>	<u>15</u>	<u>5</u>
Denominator	<u>359,029</u>	<u>338,806</u>	<u>339,983</u>	<u>341,855</u>	<u>343,908</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>31.2</u>	<u>27.0</u>	<u>30.4</u>	<u>29.5</u>	<u>22.1</u>
Numerator	<u>83</u>	<u>73</u>	<u>81</u>	<u>78</u>	<u>58</u>
Denominator	<u>266,314</u>	<u>270,686</u>	<u>266,705</u>	<u>264,334</u>	<u>262,190</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 Death file is incomplete, missing out of state deaths and few thousand causes of death.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	244.5	262.7	279.7	267.1	
Numerator	878	890	951	913	
Denominator	359,029	338,806	339,983	341,855	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

2008 HDD data is released in October of 2009.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 HDD data is not available until October, 2008.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

Hospital Discharge Data is unavailable until October 2007.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	8.6	19.5	9.7	16.7	
Numerator	31	66	33	57	
Denominator	359,029	338,806	339,983	341,855	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

2008 HDD data is released in October of 2009.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 HDD data is not available until October, 2008.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

This is Inpatient - E code data

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	75.5	75.0	63.0	68.3	
Numerator	201	203	168	179	
Denominator	266,314	270,686	266,705	262,190	

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

2008 HDD data is released in October of 2009.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 HDD data is not available until October, 2008.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

This is Inpatient E Code data

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	21.8	21.0	23.6	21.9	24.7
Numerator	1,376	1,340	1,494	1,386	1,548
Denominator	63,119	63,809	63,225	63,223	62,618
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>6.8</u>	<u>7.1</u>	<u>8.1</u>	<u>7.9</u>	<u>8.6</u>
Numerator	<u>2,048</u>	<u>2,163</u>	<u>2,374</u>	<u>2,296</u>	<u>2,465</u>
Denominator	<u>299,816</u>	<u>302,777</u>	<u>292,794</u>	<u>290,046</u>	<u>285,519</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NE

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	27,554	23,907	1,649	437	612	29	920	0
Children 1 through 4	104,538	89,405	6,910	2,402	2,192	123	3,506	0
Children 5 through 9	121,352	105,956	7,260	2,010	2,267	115	3,744	0
Children 10 through 14	118,018	103,825	7,164	1,626	2,129	89	3,185	0
Children 15 through 19	128,885	115,222	7,466	1,796	1,871	132	2,398	0
Children 20 through 24	133,305	120,393	6,876	1,632	2,418	121	1,865	0
Children 0 through 24	633,652	558,708	37,325	9,903	11,489	609	15,618	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	23,335	4,219	0
Children 1 through 4	87,808	16,730	0
Children 5 through 9	104,666	16,686	0
Children 10 through 14	104,492	13,526	0
Children 15 through 19	117,657	11,228	0
Children 20 through 24	98,226	10,045	0
Children 0 through 24	536,184	72,434	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NE

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	19	4	9	0	0	0	0	6
Women 15 through 17	655	336	85	29	4	0	0	201
Women 18 through 19	1,582	1,008	197	52	15	0	0	310
Women 20 through 34	21,155	16,736	1,324	270	395	0	0	2,430
Women 35 or older	2,993	2,419	124	24	102	0	0	324
Women of all ages	26,404	20,503	1,739	375	516	0	0	3,271

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	12	7	0
Women 15 through 17	401	253	1
Women 18 through 19	1,179	402	1
Women 20 through 34	18,059	3,079	17
Women 35 or older	2,603	386	4
Women of all ages	22,254	4,127	23

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NE

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	136	100	29	2	1	0	0	4
Children 1 through 4	37	27	6	3	0	0	0	1
Children 5 through 9	11	10	1	0	0	0	0	0
Children 10 through 14	15	12	2	0	0	0	0	1
Children 15 through 19	72	56	11	3	1	0	0	1
Children 20 through 24	93	70	15	3	2	0	0	3
Children 0 through 24	364	275	64	11	4	0	0	10

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	115	21	0
Children 1 through 4	30	7	0
Children 5 through 9	11	0	0
Children 10 through 14	12	3	0
Children 15 through 19	64	8	0
Children 20 through 24	83	10	0
Children 0 through 24	315	49	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NE

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Final

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	500,347	438,315	30,449	8,271	9,071	488	13,753	0	2008
Percent in household headed by single parent	13.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	100.0	38.3	30.9	6.1	1.5	0.1	1.4	21.7	2008
Number enrolled in Medicaid	142,790	101,158	23,725	6,450	2,113	147	1,571	7,626	2008
Number enrolled in SCHIP	38,439	30,282	4,620	993	565	27	290	1,662	2008
Number living in foster home care	4,195	2,458	769	292	27	0	100	549	2008
Number enrolled in food stamp program	65,959	36,181	13,701	3,038	764	64	809	11,402	2008
Number enrolled in WIC	56,806	35,778	6,642	9,596	741	151	0	3,898	2008
Rate (per 100,000) of juvenile crime arrests	3,530.9	3,659.1	10,906.7	6,183.4	669.5	0.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	1.7	1.2	4.0	3.1	1.2	0.0	0.0	0.0	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	437,959	62,389	0	2008
Percent in household headed by single parent	0.0	0.0	13.5	2007
Percent in TANF (Grant) families	16.0	19.9	64.1	2008
Number enrolled in Medicaid	100,446	34,698	7,626	2008
Number enrolled in SCHIP	26,104	10,673	1,662	2008
Number living in foster home care	494	831	2,870	2008
Number enrolled in food stamp program	12,901	10,485	42,573	2008
Number enrolled in WIC	37,088	19,716	2	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	3,530.9	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	3.1	0.0	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NE

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	273,309
Living in urban areas	379,919
Living in rural areas	77,187
Living in frontier areas	43,241
Total - all children 0 through 19	500,347

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NE

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	1,751,000.0
Percent Below: 50% of poverty	4.4
100% of poverty	5.5
200% of poverty	16.1

FORM 21
HEALTH STATUS INDICATORS
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STATE: NE

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	489,000.0
Percent Below: 50% of poverty	6.7
100% of poverty	6.1
200% of poverty	17.4

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

- 1. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
Ethnicity is not collected